MAXIMUS Federal Services

Case Number:	CM14-0104927		
Date Assigned:	07/30/2014	Date of Injury:	08/11/2006
Decision Date:	09/15/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old male who reported an injury on 08/11/2006. The mechanism of injury was noted to be a fall. His diagnoses were lumbar post laminectomy syndrome, lumbosacral radiculitis, low back pain, and long term drug therapy. His surgical history included knee surgery in 2007. Prior treatments included medication management. The injured worker had a clinical evaluation on 05/08/2014. His subjective complaint was low back pain. He indicated the pain radiated to both buttocks. The severity of his pain was rated a 5/10. The physical exam only noted vital signs. The treatment plan included medications and a recommendation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm patch 5%30 x5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidoderm patch 5% 30 x5 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are

largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a failed trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epileptic drug such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation submitted with this review, the injured worker is prescribed and using Gabapentin. It is not noted that this was failed therapy. The injured worker has previously used Lidoderm and there is lack of efficacy documented. In addition, the provider's request fails to indicate a frequency. As such the request for Lidoderm patch 5% 30 times 5 refills is not medically necessary or appropriate.

Gabapentin 300mg #90 x3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16 & 49.

Decision rationale: The request for Gabapentin 300mg, quantity 90 times 3 refills, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first-line treatment for neuropathic pain. The injured worker has a clinical note indicating there has been prior use of Gabapentin; however, efficacy has not been noted. In addition, the provider's request fails to indicate a frequency. Therefore, the request for gabapentin 300 mg quantity 90 times 3 refills is not medically necessary.